

C A N C E R



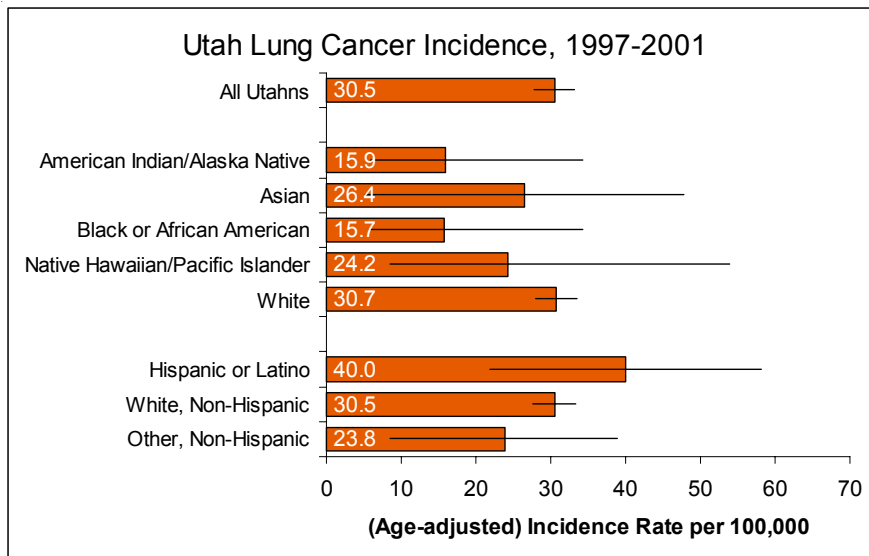
Lung Cancer Incidence

Why Is It Important?

Because symptoms often do not appear until the disease is advanced, early detection of this cancer is difficult. Tobacco is associated with 87% of all cases of cancer of the lung, trachea, and bronchus.³²

How Are We Doing?

- Lung cancer incidence in Utah was 30.5 per 100,000 population from 1997 to 2001.
- Incidence of lung cancer was generally lower among Utah's non-White races and higher in the Hispanic/Latino population, but the differences were not statistically significant.



How Can We Improve?

Lung cancer incidence improves as smoking rates decrease. Since the effects of smoking in a population can take decades to manifest in lung cancer incidence, changes in smoking rates in the '70s and '80s are contributing to changes in lung cancer incidence today.

Utah Lung Cancer Incidence, 1997-2001

Race/Ethnicity	Avg Annual # of Cases	Total Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utahns	476	2,233,169	21.3 (19.4 - 23.2)	30.5 (27.8 - 33.2)	n/a
American Indian/Alaska Native	1	33,733	4.2 (1.7 - 8.7)	15.9 (6.0 - 34.3)	
Asian	6	41,866	14.3 (2.9 - 25.8)	26.4 (5.1 - 47.8)	
Black or African American	1	23,063	6.1 (2.5 - 12.6)	15.7 (5.7 - 34.2)	
Native Hawaiian/Pacific Islander	2	17,482	9.2 (4.0 - 18.1)	24.2 (8.5 - 54.0)	
White	466	2,117,025	22.0 (20.0 - 24.0)	30.7 (27.9 - 33.5)	
Hispanic or Latino	21	201,559	10.5 (6.0 - 15.0)	40.0 (21.8 - 58.2)	
White, Non-Hispanic	445	1,925,711	23.1 (21.0 - 25.2)	30.5 (27.6 - 33.3)	
Other, Non-Hispanic	10	105,899	9.8 (3.9 - 15.8)	23.8 (8.6 - 38.9)	

Source: Utah Cancer Registry, SEER

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (▲) or lower (▼) than the state rate.

Lung Cancer Deaths

Why Is It Important?

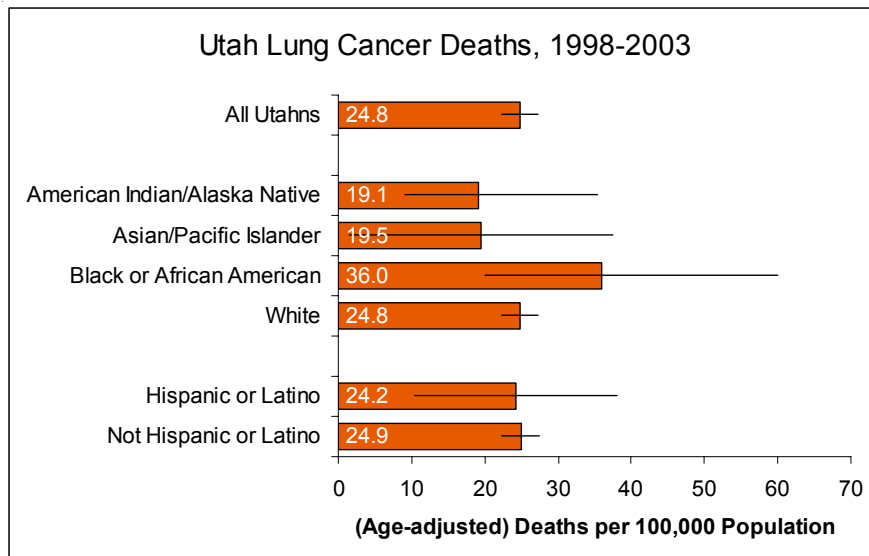
Lung cancer is the leading cause of cancer-related death in Utah and the U.S. It is estimated that lung cancer will be responsible for 28% of all cancer deaths (approximately 160,440 U.S. deaths) in 2004.³³

How Are We Doing?

- Utah's death rate from lung cancer has changed little over the past 20 years and was 24.8 per 100,000 population from 1998 to 2003.
- Although there was some variability in lung cancer death rates among Utah's racial and ethnic communities, the differences were not statistically significant.

How Can We Improve?

Utah's public health efforts to reduce the adverse health effects of tobacco use have focused on promoting smoking cessation, limiting exposure to secondhand smoke, and reducing youth access to tobacco products. The Tobacco Prevention and Control Program coordinates statewide and local tobacco use cessation services. These services include the Utah Tobacco Quit Line (1-888-567-TRUTH), a web-based cessation service (www.quitnet.com), and school- and community-based programs for teens, adults, and pregnant women.



Utah Lung Cancer Deaths, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utahns	384	2,233,169	17.2 (15.5 - 18.9)	24.8 (22.3 - 27.3)	n/a
American Indian/Alaska Native	2	33,733	5.4 (2.7 - 9.7)	19.1 (9.1 - 35.3)	
Asian/Pacific Islander	4	59,348	7.6 (0.6 - 14.6)	19.5 (1.5 - 37.5)	
Black or African American	3	23,063	11.5 (6.6 - 18.7)	36.0 (20.1 - 60.0)	
White	372	2,117,025	17.6 (15.8 - 19.4)	24.8 (22.3 - 27.3)	
Hispanic or Latino	12	201,559	5.9 (2.5 - 9.2)	24.2 (10.4 - 38.1)	
Not Hispanic or Latino	372	2,031,610	18.3 (16.5 - 20.2)	24.9 (22.4 - 27.5)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

ICD-9 code 162; ICD-10 codes C33-C34; ICD-9 and ICD-10 adjusted for comparability.

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (▲) or lower (▼) than the state rate.

Colorectal Cancer Incidence

Why Is It Important?

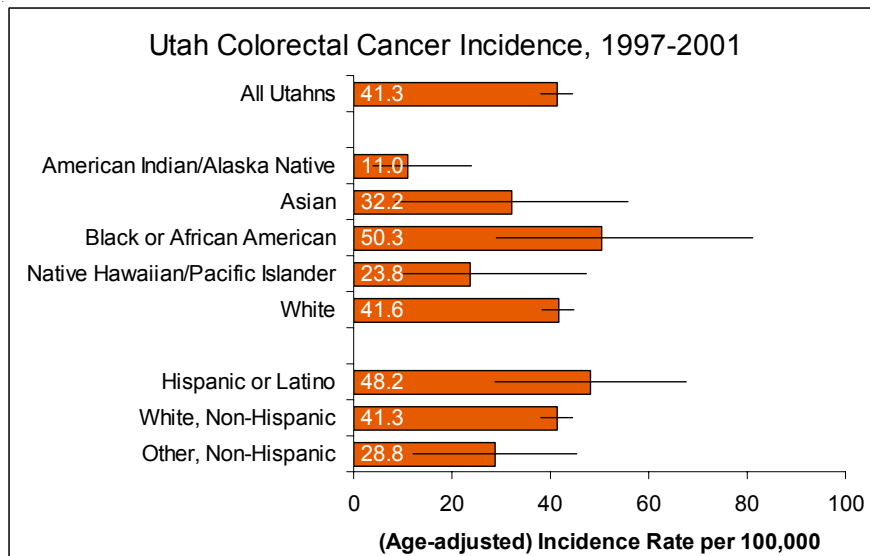
Colorectal cancer is the third leading cause of cancer-related death in the U.S. and Utah. When national cancer-related deaths are estimated separately for males and females, colorectal cancer is the third leading cause of cancer death behind lung and breast cancer for females and behind lung and prostate cancer for males.

How Are We Doing?

- Between 1997 and 2001, incidence of colorectal cancer in Utah was 41.3 per 100,000 population.
- Incidence was lower among Utah's American Indian/Alaska Native population (11.0 per 100,000 population).

How Can We Improve?

Routine screening can include either annual fecal occult blood test (FOBT), and/or flexible sigmoidoscopy every five years, or colonoscopy every ten years, or double-contrast barium enema every five to ten years. A randomized clinical trial has demonstrated that annual screening with FOBT can reduce colorectal cancer deaths by 33% in individuals over age 50.³⁴



Utah Colorectal Cancer Incidence, 1997-2001

Race/Ethnicity	Avg Annual # of Cases	Total Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utahns	647	2,233,169	29.0 (26.7 - 31.2)	41.3 (38.1 - 44.5)	n/a
American Indian/Alaska Native	2	33,733	4.7 (2.0 - 9.3)	11.0 (4.1 - 23.9)	↓
Asian	8	41,866	19.6 (6.2 - 33.0)	32.2 (8.5 - 55.9)	
Black or African American	4	23,063	15.6 (9.3 - 24.7)	50.3 (29.0 - 81.2)	
Native Hawaiian/Pacific Islander	2	17,482	11.4 (5.5 - 21.0)	23.8 (10.2 - 47.3)	
White	631	2,117,025	29.8 (27.5 - 32.1)	41.6 (38.3 - 44.8)	
Hispanic or Latino	30	201,559	14.7 (9.4 - 20.0)	48.2 (28.8 - 67.7)	
White, Non-Hispanic	603	1,925,711	31.3 (28.8 - 33.8)	41.3 (38.0 - 44.6)	
Other, Non-Hispanic	14	105,899	13.2 (6.3 - 20.1)	28.8 (12.2 - 45.3)	

Source: Utah Cancer Registry, SEER

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Colorectal Cancer Deaths

Why Is It Important?

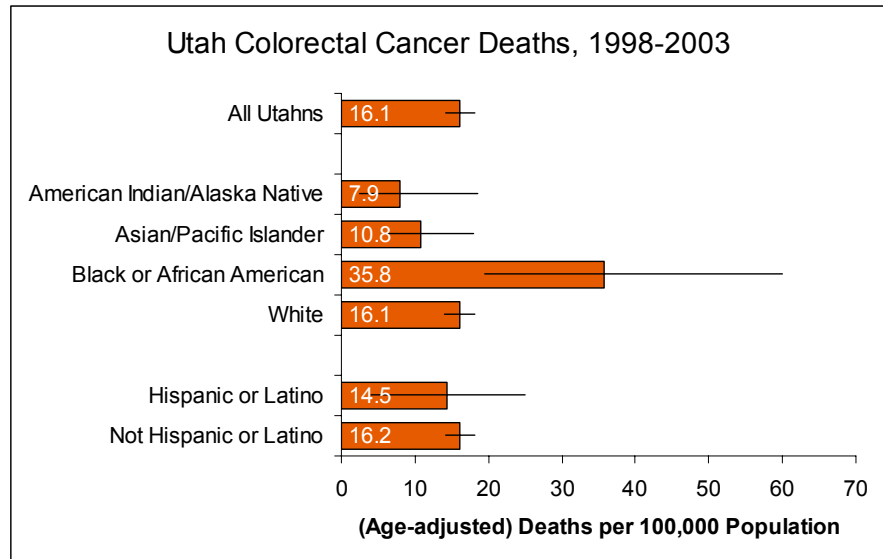
Colorectal cancer is the third leading cause of cancer-related death in the U.S. and Utah. When national cancer-related deaths are estimated separately for males and females, colorectal cancer is the third leading cause of cancer death behind lung and breast cancer for females and behind lung and prostate cancer for males. Deaths from colorectal cancer can be substantially reduced when precancerous polyps are detected early and removed. When colorectal cancer is diagnosed early, 90% of patients survive at least five years.

How Are We Doing?

- Utah's death rate from colorectal cancer was 16.1 per 100,000 population from 1998 to 2003.
- Colorectal cancer death rates were highest among Utah's Black/African American population (35.8 per 100,000).

How Can We Improve?

Several scientific organizations recommend that routine screening for colorectal cancer begin at age 50 for adults at average risk. Persons at high risk may need to begin screening at a younger age. The National Cancer Institute advises each individual to discuss risk factors and screening options with his or her health care provider. Medicare and many insurance plans now help to pay for colorectal cancer screening.



Utah Colorectal Cancer Deaths, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utahns	247	2,233,169	11.0 (9.7 - 12.4)	16.1 (14.1 - 18.1)	n/a
American Indian/Alaska Native	1	33,733	3.0 (1.1 - 6.5)	7.9 (2.6 - 18.5)	
Asian/Pacific Islander	3	59,348	4.5 (2.6 - 7.3)	10.8 (6.0 - 17.9)	
Black or African American	2	23,063	10.8 (6.0 - 17.8)	35.8 (19.6 - 60.1)	↑
White	239	2,117,025	11.3 (9.9 - 12.7)	16.1 (14.0 - 18.1)	
Hispanic or Latino	7	201,559	3.6 (1.0 - 6.3)	14.5 (4.0 - 24.9)	
Not Hispanic or Latino	239	2,031,610	11.8 (10.3 - 13.3)	16.2 (14.1 - 18.2)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

ICD-9 codes 153-154; ICD-10 codes C18-C21; ICD-9 and ICD-10 adjusted for comparability.

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

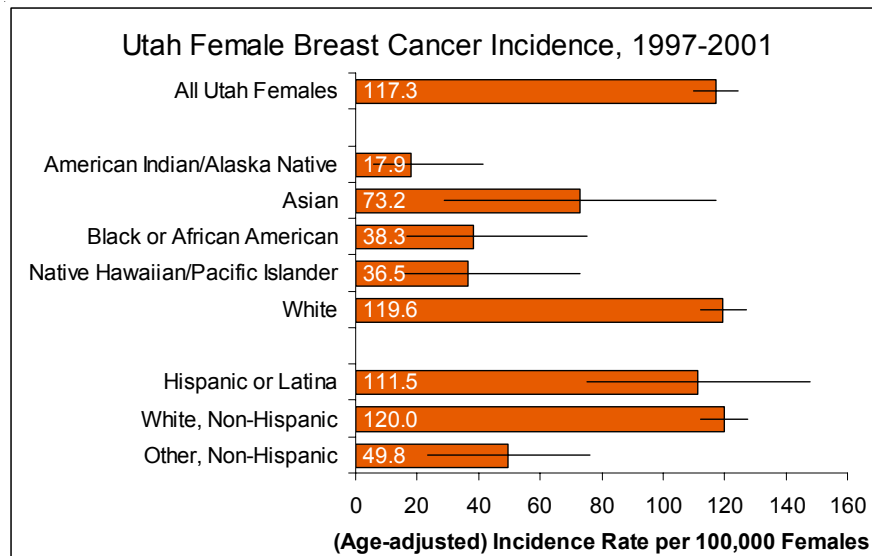
Breast Cancer Incidence (Females)

Why Is It Important?

Breast cancer is the leading cause of cancer death among Utah women. Deaths from breast cancer can be substantially reduced if the tumor is discovered at an early stage.

How Are We Doing?

- Utah's incidence rate from female breast cancer was 117.3 per 100,000 female population from 1997 to 2001.
- Incidence among Utah's non-White women was generally lower, but among Utah's Hispanic and Latina women, the rate was similar to the overall state rate.



How Can We Improve?

The most important risk factor for breast cancer is increasing age. Other established risk factors include personal or family history of breast cancer, history of abnormal breast biopsy, genetic alterations, early age at onset of menses, late age at onset of menopause, never having children or having a first live birth at age 30 or older, and history of exposure to high dose radiation. Associations have also been suggested between breast cancer and oral contraceptives, long-term use of hormone replacement therapy, obesity (in post-menopausal women), alcohol, and a diet high in fat. Some studies suggest that exercise in youth might give life-long protection against breast cancer and that even moderate physical activity as an adult could lower breast cancer risk. More research is needed to confirm these findings.

Utah Female Breast Cancer Incidence, 1997-2001

Race/Ethnicity	Avg Annual # of Cases	Total Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Females	1,012	1,114,138	90.9 (85.3 - 96.5)	117.3 (110.1 - 124.5)	n/a
American Indian/Alaska Native	1	16,841	8.3 (3.3 - 17.1)	17.9 (5.9 - 41.3)	↓
Asian	12	21,971	53.7 (23.1 - 84.3)	73.2 (28.9 - 117.4)	
Black or African American	2	10,097	17.8 (8.1 - 33.8)	38.3 (16.6 - 75.1)	↓
Native Hawaiian/Pacific Islander	2	8,325	19.2 (8.3 - 37.8)	36.5 (15.4 - 72.8)	↓
White	995	1,056,904	94.2 (88.3 - 100.0)	119.6 (112.1 - 127.0)	
Hispanic or Latina	44	93,642	46.6 (32.7 - 60.4)	111.5 (75.3 - 147.7)	
White, Non-Hispanic	953	968,005	98.5 (92.2 - 104.7)	120.0 (112.3 - 127.6)	
Other, Non-Hispanic	15	52,491	29.3 (14.7 - 44.0)	49.8 (23.3 - 76.3)	↓

Source: Utah Cancer Registry, SEER

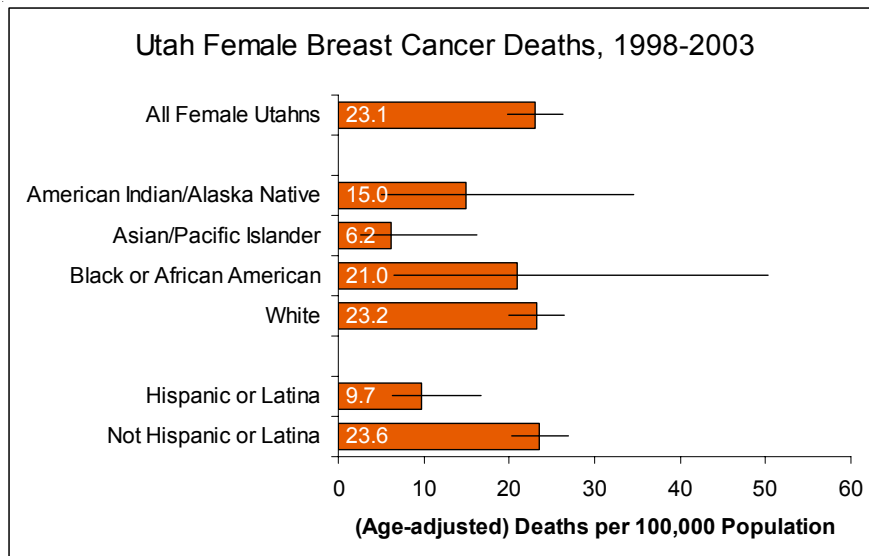
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Breast Cancer Deaths (Females)

Why Is It Important?

Breast cancer is the most commonly occurring cancer in U.S. women (excluding basal and squamous cell skin cancers) and a leading cause of female cancer deaths in both Utah and the U.S. Nationally, deaths from lung cancer surpass deaths from breast cancer; however, breast cancer is the leading cause of cancer death among Utah women. Deaths from breast cancer can be substantially reduced if the tumor is discovered at an early stage.



How Are We Doing?

- Utah's death rate from breast cancer between 1998 to 2003 was 23.1 per 100,000 females in the population. Utah's rate is lower than that in the U.S., but the U.S. rate has been declining in recent years, where Utah's has leveled-off.
- The female breast cancer mortality rate in Utah in the time period was lower for the combined Asian/Pacific Islander populations (6.2) and also for Utah's Hispanic/Latina women (9.7 per 100,000 women).

How Can We Improve?

Mammography is currently the best method for detecting cancer early. Clinical trials have demonstrated that routine screening with mammography can reduce breast cancer deaths by 20% to 30% in women aged 50 to 69 years,⁷⁻¹² and by about 17% in women aged 40 to 49 years.¹³⁻¹⁴

Utah Female Breast Cancer Deaths, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Female Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Female Utahns	200	1,114,138	17.9 (15.5 - 20.4)	23.1 (19.9 - 26.2)	n/a
American Indian/Alaska Native	1	16,841	5.9 (2.2 - 12.8)	15.0 (5.0 - 34.5)	↓
Asian/Pacific Islander	1	30,296	4.4 (1.9 - 8.7)	6.2 (2.6 - 16.2)	
Black or African American	1	10,097	8.3 (2.7 - 19.4)	21.0 (6.4 - 50.3)	
White	195	1,056,904	18.5 (15.9 - 21.0)	23.2 (20.0 - 26.5)	↓
Hispanic or Latina	4	93,642	4.1 (2.5 - 6.2)	9.7 (6.3 - 16.7)	
Not Hispanic or Latina	196	1,020,496	19.2 (16.5 - 21.9)	23.6 (20.3 - 26.9)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

ICD-9 codes 174-175; ICD-10 code C50; ICD-9 and ICD-10 adjusted for comparability.

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

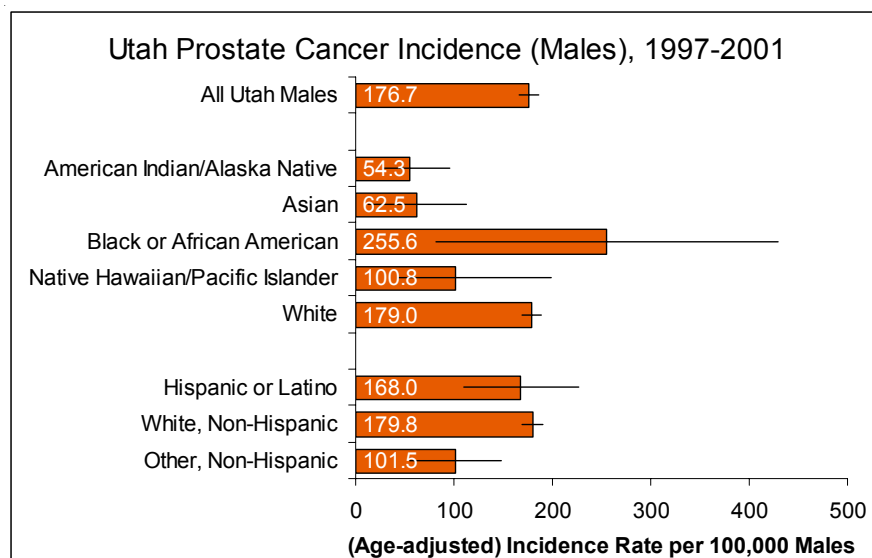
Prostate Cancer Incidence (Males)

Why Is It Important?

Prostate cancer is the second most common form of cancer for men, after skin cancer, and is the second leading cause of cancer death for men in Utah and the U.S.

How Are We Doing?

- Utah's incidence rate from prostate cancer from 1997 to 2001 was 176.7 per 100,000 males.
- Men in Utah's American Indian/Alaska Native and Asian communities had significantly lower incidence rates (54.3 and 62.5 per 100,000 males, respectively).



How Can We Improve?

The 2000 Utah legislature approved a resolution encouraging private health insurance companies and employers to include insurance coverage for the screening and detection of breast, colorectal, and prostate cancers. The Utah Department of Health (UDOH) is exploring ways to increase the number of men aged 40 or over who make regular visits to a health care provider to receive appropriate preventive services such as prostate-specific antigen screening. The Utah Cancer Action Network (UCAN) provides information on their website (www.ucan.cc) about prostate cancer screening issues for providers and the general public. In 2004, the Utah Cancer Control Program was awarded federal funds used to launch a statewide media campaign with the goal of increasing prostate cancer awareness. Funding was also used to cosponsor Utah's annual urological cancer conference.

Utah Prostate Cancer Incidence (Males), 1997-2001

Race/Ethnicity	Avg Annual # of Cases	Total Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Utah Males	1,245	1,119,031	111.3 (105.1 - 117.4)	176.7 (166.8 - 186.6)	n/a
American Indian/Alaska Native	3	16,892	15.4 (8.2 - 26.3)	54.3 (27.8 - 95.4)	↓
Asian	6	19,895	30.2 (6.0 - 54.3)	62.5 (12.2 - 112.8)	↓
Black or African American	9	12,966	72.5 (26.2 - 118.8)	255.6 (81.8 - 429.4)	
Native Hawaiian/Pacific Islander	2	9,157	19.7 (9.0 - 37.4)	100.8 (43.6 - 199.0)	
White	1,225	1,060,121	115.5 (109.0 - 122.0)	179.0 (168.9 - 189.1)	
Hispanic or Latino	40	107,917	36.7 (25.3 - 48.1)	168.0 (109.9 - 226.2)	
White, Non-Hispanic	1,186	957,706	123.8 (116.8 - 130.9)	179.8 (169.5 - 190.0)	
Other, Non-Hispanic	19	53,408	36.3 (20.2 - 52.5)	101.5 (54.7 - 148.3)	↓

Source: Utah Cancer Registry, SEER

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

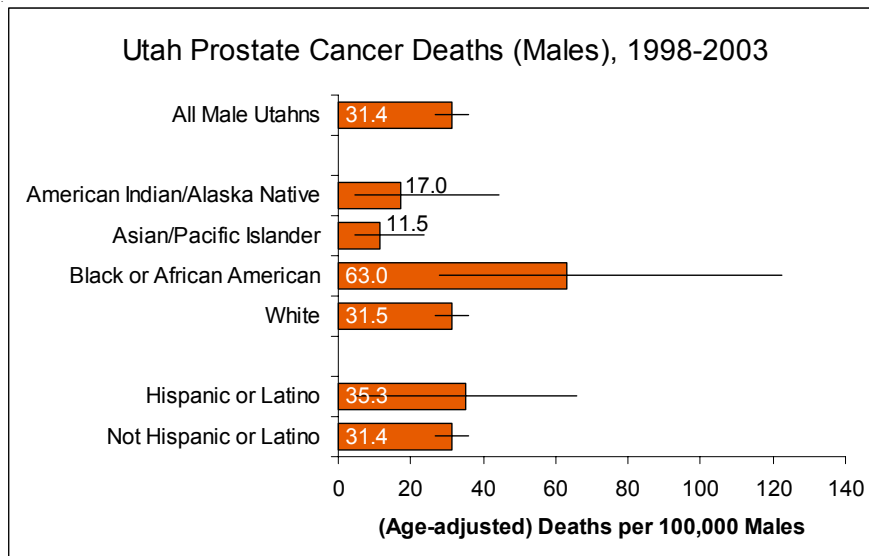
Prostate Cancer Deaths (Males)

Why Is It Important?

Prostate cancer is the second most common form of cancer for men, after skin cancer, and is the second leading cause of cancer death for men in Utah and the U.S.

How Are We Doing?

- Utah's death rate from prostate cancer from 1998 to 2003 was 31.4 per 100,000 males. The rate saw an increase in the early 1990s but has been on the decline since then in both Utah and the U.S.
- There were large differences in prostate cancer incidence among Utah's racial and ethnic communities. Black/African American men had two times the risk (63.0) compared with the state overall (not statistically significant). Men in Utah's combined Asian and Pacific Islander populations had roughly one-third the risk (11.5 per 100,000 males).



How Can We Improve?

The Utah Department of Health initiated the Utah Cancer Action Network (UCAN), a statewide partnership whose goal is to reduce the burden of cancer. The mission of the UCAN is to lower cancer incidence and mortality in Utah through collaborative efforts directed toward cancer prevention and control. As a result of this planning process, objectives and strategies have been developed by community partners regarding the early detection of cervical, testicular, prostate, skin, breast, and colorectal cancers as well as the promotion of physical activity, healthy eating habits, and smoking cessation. Although screening can detect early-stage prostate cancers, it is not yet known whether early detection results in reduced mortality from this disease.

Utah Prostate Cancer Deaths (Males), 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Male Population	Crude Rate per 100,000 (95% CI Range)	Age-adjusted Rate* (95% CI Range)	Sig.**
All Male Utahns	186	1,119,031	16.6 (14.2 - 19.0)	31.4 (26.9 - 36.0)	n/a
American Indian/Alaska Native	1	16,892	4.0 (1.1 - 10.2)	17.0 (4.5 - 44.4)	↓
Asian/Pacific Islander	1	29,052	4.0 (1.6 - 8.2)	11.5 (4.6 - 23.8)	
Black or African American	2	12,966	12.9 (6.2 - 23.7)	63.0 (27.8 - 122.2)	
White	181	1,060,121	17.1 (14.6 - 19.6)	31.5 (26.9 - 36.1)	
Hispanic or Latino	5	107,917	4.8 (0.7 - 8.9)	35.3 (4.9 - 65.8)	
Not Hispanic or Latino	180	1,011,114	17.9 (15.2 - 20.5)	31.4 (26.8 - 36.0)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

ICD-9 code 185; ICD-10 code C61; ICD-9 and ICD-10 adjusted for comparability.

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.